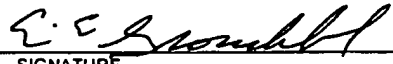


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
10/562526		PCT/FR2004/001645		99342.00074US	
21. The following fees are submitted:					
<input checked="" type="checkbox"/> a) Basic national fee.....				\$ 300.00	
<input checked="" type="checkbox"/> b) Examination fee.....				\$ 200.00	
<input checked="" type="checkbox"/> c) Search fee.....				\$ 500.00	
TOTAL OF ABOVE CALCULATIONS =				\$ 1000.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
0 - 100 =	0 /50 =		x \$250.00	\$ N/A	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	- 20 =	0	x \$50.00	\$ N/A	
Independent claims	- 3 =	0	x \$200.00	\$ N/A	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360.00	\$ N/A	
TOTAL OF ABOVE CALCULATIONS =				\$ 1000.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.					
SUBTOTAL =				\$ 1000.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$ 130.00	
TOTAL NATIONAL FEE =				\$ 1130.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$	
TOTAL FEES ENCLOSED =				\$ 1130.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$ 1130.00
<p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>50-3569</u> in the amount of \$ <u>1130.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-3569</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO:					
CUSTOMER NO. 21832 McCarter & English, LLP CityPlace I 185 Asylum Street Hartford, CT 06103-3401					
SIGNATURE  Eric E. Grondahl NAME 46,741 REGISTRATION NUMBER					

A Petition for a Three Month Extension of Time along with the associated fees is filed herewith. No additional fee is believed to be required. In the event the Commissioner of Patents and Trademarks deems additional fees to be due in connection with this application, Applicant's attorney hereby authorizes that such fee be charged to Deposit Account No. 50-3569.

Dated: August 20, 2009

Respectfully submitted,



Eric E. Grondahl
Registration No. 46,741
Attorney for Applicants

PTO Correspondence Address:
McCarter & English LLP
City Place I
185 Asylum Street
Hartford, CT 06103
(860) 275-6704 - Phone
(860) 724-3397 - Fax

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 10/16/09		2 Serial/Patent # 10/532,526	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
	Filing		\$
	Amendment		\$
X	Extension of Time		\$ 1,110.00
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,110.00
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
X	Overpayment	Credit Deposit A/C #:	
	Duplicate Payment	9 5 0 -- 3 5 6 9	
	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Tredelle Jackson		TITLE: Paralegal	
SIGNATURE: <u>Tredelle Jackson</u>		PHONE: 2-2783	
OFFICE: Office of Petitions			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>CKK</u>		DATE: 10/22/09	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: